

# Foster Family Home - Corrective Action Report

Provider ID: 1-100011

Home Name: Joan Flores, CNA

Review ID: 1-100011-7

1573 Kilohana Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 12/17/2019

Foster Family Home

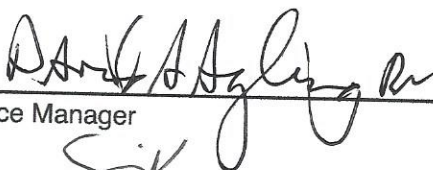
Required Certificate

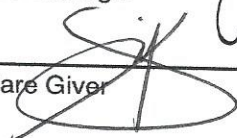
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Home will receive a 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

12/17/19  
Date

12/17/19  
Date